Canad. Med. Ass. J.
Jan. 26, 1963, vol. 88

MEDICAL ECONOMICS

The People's Health—Whose Responsibility?

L. R. RABSON, B.A., M.D., F.R.C.S.(Edin.), F.R.C.S.[C],
Winnipeg, Man.

WE ARE all vitally interested in the great debate in this country concerning the best methods of organizing and financing health care so that the highest standards of health will be attainable by all our citizens—an objective which we must assume is common to all concerned, regardless of differences of viewpoint or methods advocated.

In trying to find the social format whereby this objective can be achieved it is necessary to delineate the spheres of responsibility of all participants —the people, governments and the health professions. Is it not possible that from an examination of these responsibilities we may determine certain principles that will guide the further development of methods of effectively promoting and financing the people's health? I use the term "further development of methods" because it must be stated again and again that no one knows the right and just methods by which this should be done. I regret that within the space of a single paper I cannot hope to achieve the proper development of such principles.

Social programs like all inventions should finally be adopted only after experiment and observation, study and evaluation of many ideas. To think otherwise, to accept a single method or plan, or to accept hypotheses without experimentation is to oversimplify a very complex problem—the problem of health care.

In his book, "I Believe", David Lilienthal states, "Social inventions—from the simplest to the most profound—do not just happen. They are the product of thinking and experiment. They are the products of many enquiring minds. These social inventions call for that openness of mind, high intelligence and spirit of experimentation which are required for great scientific discoveries."

Thus the question, "Whose responsibility?"; because the experimentation necessary in this field requires, firstly, that responsibility be allocated to those who can directly discharge it and, secondly, that sharing of responsibility be allocated where this is indicated. Annexation of responsibility by one participant when it belongs to another participant will only undermine the experiments and the inventions.

You can all recall a social invention which without experimentation and without proper allocation of responsibility was an utter failure. I refer to the time when a very vocal and politically active minority persuaded a misinformed or, worse still, an uninformed electorate to vote against the use of alcoholic beverages. There were some wiser in outlook who protested that the intake or not of alcohol was a personal choice, an individual responsibility. They said that people collectively could not annex this personal responsibility and because of this fact "Prohibition", as we came to call it, would fail—and fail it did. Why? Because under our social philosophy when responsibility belongs to and can only be exercised by the individual, then no one else can displace or assume such responsibility even by legislation. This is just as true in the health care field.

What is the responsibility of the smallest social unit, the family or individual, in preserving health or in the management of ill health? I shall refer to this as individual responsibility.

Firstly, it should be made very clear that even the definition of what constitutes health is an individual decision which varies tremendously.

Preventive health has been truly defined as "that which primarily embraces those practices which only the individual is capable of applying to his own benefit"; in other words, an individual responsibility. In the self-supporting segments of our society, physical fitness, proper nutrition, adequate shelter and proper clothing are for the most part individual responsibilities, and their relation to health needs no emphasis. In all segments of our society, obesity, alcoholism and smoking are usually personal choices, and yet their relation to disease, disabilities and death is known to everyone. The commonest cause of the death of the youth of this country, that is, of persons up to the age of 35, is accidents, and the tragic fact remains that, try as we may, this situation has not been affected by the collective efforts of society as a whole—but still remains the responsibility of individuals.

Doctors have publicly been accused of not practising preventive medicine. They have a part to play but not nearly as great a part as the people themselves. Is it not time that public notice was taken of the public's failure to practise preventive care? Is there any practising doctor who has not pleaded in vain with some hypertensive patient to reduce or with some patient to give up cigarettes in an effort to stop a chronic cough or prevent more serious diseases? Is there a family doctor who has not been asked by a tearful wife, "Why can't you stop my husband's drinking?"

In the field of diagnosis of disease, it is the individual who either seeks medical advice or ignores

Delivered at the 95th annual meeting of The Canadian Medical Association, Winnipeg, Man., June 1962.

it or goes to the neighbour or corner druggist for advice and resorts to self-medication. Doctors cannot initiate medical care without the responsible individual's initiative. For proper treatment, for rehabilitation, the intelligent co-operation of the patient is an absolute necessity—again, a personal responsibility.

Furthermore, there are innumerable examples where health care is available without any financial barrier and with little inconvenience, yet a significant part of the people involved take no advantage of this. Surely it is evident that health care is different from all other spheres where effective compulsion by society at large can be carried out. Where effective compulsion exists, policy is determined at the summit of the enforcing agency, usually government, and filters downwards through the various administrative levels. But the reverse is true in medical and health care!

In preventive health and "clinical" health, policy, i.e. responsibility, rests with the patient. From him some responsibility, some policy making, is delegated to his doctor who may redelegate it higher up to a consultant or hospital, but through it all, although some policy decisions are made by the medical or hospital team, the major policy decisions and the continuous responsibility rests with the patient. These decisions, which affect quantity and costs and often quality of care, cannot be controlled by organized compulsion; these decisions come not from above but from the "grass roots" level—the patients.

No method of offering health care to the people can overlook these facts. Any methods evolved must not be theoretical dreams but realities translated into the everyday life of everyday people.

Yet there still are people who claim that compulsory direction into health care or an adequate supply of money can supplant and replace the individual and family responsibility in the field of health. There is no doubt that "poverty breeds illness and illness breeds poverty". This tragic vicious circle is known to us all. But although money can relieve financial need and thus make the discharge of responsibility easier, it cannot substitute for or replace responsibility. You can subsidize health care, but you cannot *really buy* health!

Thus, neither the supply of money nor compulsive legislation can produce those results in the health care field which can be produced only by the exercise of personal responsibilities. Lord Moulden has said, "The measure of a civilization is the extent of its obedience to the unenforcible." Is it not true that a nation's health for the greater part can be measured by the extent of its obedience to the unenforcible?

The responsibility to be an intelligent consumer of all that exists for their health and comfort is another responsibility of individuals and families. A proper sense of values, a determination of proper priorities in consumption, is imperative. As an intelligent consumer, the individual has the responsibility to obtain knowledge as to how to maintain his health, how to prevent ill health and what steps he can reasonably be expected to take when he gets ill. This calls for a willingness to make sacrifices, to make hard choices in the interests of his own health. He must learn not only about "organic health" but about health care mechanisms and about how their organization and financing will affect him and the health care he gets.

When the individual has knowledge of these things, he will then come to know those areas in which society collectively should participate and know those spheres which only he is capable of looking after. He will realize that in prepayment of health care he has a right to have choices available to him to best meet his needs. Thus he can properly budget for his health care as he does for his food, his clothing and his shelter. Is the average individual aware that this choice and budgeting now exist for him to a considerable extent in this country?

He must realize something of the payment mechanisms in health care and how each type affects the quality of care he may receive, since it is possible for certain types of health insurance to so affect the field of health care as to drive away from that field the type of person he would want to care for him and his family. His knowledge will allow him to support developments in the health field which are to his benefit and for the benefit of others, and his responsibilities demand that he discern between developments which are of real benefit and those which are merely glittering promises. Thus individuals and family responsibilities are of great magnitude with relations to health —in preventive health, in the acquisition of knowledge of health and health care, and of intelligent consumption of health care as between desires and real needs. If individuals' responsibilities were properly and adequately discharged, health care needs would be markedly reduced.

What responsibilities lie with the community collectively, that is, with government at all levels? It has been stated that the foundation stone of democracy is education, that is, education in its broadest sense. The responsibility of the individual to be informed about the fundamental concepts of health has been mentioned. Collectively, we are responsible for the education of all the people in this regard.

One can clearly and emphatically state that up to this time such education has been sadly neglected in this country.

The demands made on the individual for the maintenance of health and his responsibilities in both the prevention and the management of ill health should be a continuous educational process through the school years, starting at the first one. The opportunities, sacrifices and self-discipline required for good health must be engraved on the minds of all children. They must not think that health is there just for the asking, but know that

opportunities for health exist and that great personal effort is required to maintain health.

Education is also necessary as to the proper consumption of all goods and services, including the use of health care services. If this were done, demands would not exceed needs in the health care field, as witness the people who now feel they are entitled to hospital treatment even for minor illnesses. Muelder, in his book "The Responsible Society", points out that all our educational efforts are directed towards making people efficient producers, and bemoans the fact that there is no effort to make us sensible and efficient consumers. Is it possible, as Muelder believes, by education to produce in all people a proper sense of values? If it were, we would not then have the paradox that now exists in our society which allows people to spend money frivolously on many useless things or even on those things which contribute largely to ill health and then demand, as a right, to have society responsible collectively for all the things they really need: for instance, where an average of 4.1% of incomes in Canada is spent on alcohol and tobacco and only 4.3% on all health services, 1% of the latter on doctors' services. Education, not compulsion, is the only way in which we can correct this situation.

An indirect method of producing public enlightenment is through the voluntary agencies concerned with health matters. The history of all public health measures abounds with the contribution of voluntary associations of citizens in studying health care, in discovering the gaps that exist, the priorities needed, and by calling society's attention to these.

These voluntary associations have a great educational value. John Stewart Mill in his famous "On Liberty" emphasizes that voluntary associations of people are a means for their "own mental education", for the "development of all people involved", and "are part of national education". Encouragement of the formation of voluntary associations in the health field and participation in them is a collective responsibility.

The confusion existing in the minds of citizens as to the distinction between preventive health and public health should be relieved by education. Preventive medicine is mostly an individual responsibility, whereas public health deals only with those phases of the prevention of disease and control of disease that lend themselves to social control and that are applicable only to large groups of people. Public health is, therefore, a responsibility of the organized community, that is, government. Distinction between the two is very real and important. For example, the pasteurization of milk comes under enforcement and administration by public health authorities—a collective responsibility. Good nutrition, however, demands the use of safe milk, but good nutrition is a preventive health measure, depending on the understanding and consent of the individual—an individual responsibility.

The wider fields of public health, such as the assurance of good housing, supervision of food preparation, prevention of water pollution, sanitation, etc.—all these things are well known.

It is the responsibility of society collectively to reduce the incidence of ill health and the need for health care by attempting to assure an adequate standard of living, because a proper standard of living is in itself one of the greatest health and preventive measures. Failing this, that is, an adequate standard of living for all, public, i.e. collective, responsibility must be properly discharged in those areas of health which have the greatest preventive benefits, for example, in the clearing of slum areas and rebuilding of these areas. Until these things are done and *done properly*, our society must not be misled into making the decision to add the cost of *all* health care for *all* the people to the range of risks for which public responsibility is accepted. "Enthusiasm," says Voltaire, "is not always the companion of total ignorance, it is sometimes that of erroneous information."

Collectively, we must insist on the availability of the highest standards of health care. Collectively, we have the responsibility to see that proper prepayment mechanisms are available to all in all health care needs; that these are such as to not affect the quality of care, that the payment mechanisms are sound, and that benefits are adequate. Collectively, we must assume responsibility for those individuals and groups who are unable to shoulder the burden for themselves. Where misfortune, such as unemployment or illness, affects the self-supporting family or individual, mechanisms such as sickness income benefits, increased unemployment insurance and other devices can be developed to come to their aid. But to do these things there is no evidence that compulsion for all is necessary. We must learn what people individually are able and can be trusted to do for themselves. The sense of responsibility of the individual should not be reduced by collective invasion of the field of individual responsibility. Such individual responsibility cannot be annexed or displaced by any system known to us now. Our social philosophy demands that the individual discharge responsibilities that belong to him whenever he is able to do so. But whenever or wherever he is unable to do so, methods can be developed which will come to his aid. The same philosophy and similar methods operate when other necessities of life, food, clothing and shelter are required. These mechanisms have not required total control of the production and distribution of food, or of housing, nor do they require total control of the health care field by any group in society or by organized society as a whole.

Collectively we have the responsibility to ask if it is true that an attempt to identify those people who need help is degrading to the people involved? If in the field of health care it is degrading, is it not equally so when some unfortunate applies for

food or shelter from a welfare agency? Is the means test abolished now for hospital insurance or do some provinces identify and waive the premiums for those unable to pay? Do farmers not notify government agencies about crop failures so as to be able to collect crop insurance? Do we not have income declarations in subsidized housing? In unemployment insurance? Is a means test absent in the National Health Service in Great Britain, where those who cannot make weekly contributions to the scheme have to identify themselves? I do not believe it is possible for any society to operate today without some declaration of income or a lack of income being necessary by some persons. I do not believe it is possible for a society to operate without some unfortunate having to identify himself as to the misfortune suffered in order to receive the help needed. Even the promised "Utopia" immediately to our west has means tests in both its hospital and its proposed medical care scheme. These are questions and this is information which involve the responsible citizen.

Collective responsibility demands knowledge of many methods and experimentation with other methods by which desirable social goals in health care can be reached. John Stuart Mill says, "Government operations tend to be everywhere alike. With individuals and voluntary associations, on the contrary, there are varied experiments and endless diversity of experience. What the State can usefully do is to make itself a central depository and active circulator and diffuser of the experience resulting from many trials. Its business is to enable each experimentalist to benefit by the experiments of others instead of tolerating no experiments but its own."

There should be widespread knowledge of all health care systems in the world; of the refund system in Sweden or of Norway, where doctors can choose any one of several methods of remuneration; of that in Switzerland, where minimal subsidization by the State of accredited voluntary systems of health care exists; of Australia and its voluntary plans subsidized partially by the State, where the famous "Flying Doctor" works for a universally available air-ambulance corps originated voluntarily and managed by a voluntary group with some money grants from the State.

It is my opinion that government function has been properly stated by the Minister of Health of Manitoba. The Honourable Dr. Johnson publicly has said, "The object of our present and future health and medical program is to ensure the health of the people of Manitoba by performing those services which cannot be done by individuals and private agencies, and to assist where necessary individuals and agencies in a variety of ways so that they can voluntarily and effectively discharge their responsibilities."

Collectively, we have the responsibility to see that planning in the health care field be the result not only of study and experiment now but of continued study, trial and review. This implies rejection of methods which adversely affect the quality of care and which fail to fulfil objectives set for them, among these the approval of both the consumers and providers of care. We have the responsibility to ask, if a total government-controlled plan is ever put into operation, would any politician have the courage to scrap a plan when the uninformed voter feels that he is getting something "free"—even if standards are lowered?

This is why planning must not be done by politicians seeking votes, but should be the result of independent objective and searching examinations such as The Canadian Medical Association asked the Government of Canada to make in 1960. In order to have this done properly, health care should not be left, as it recently has been left, to the mercies of political expediency. Current political methods and practices are not such as to instil confidence in promises which are made to secure votes. These promises are not based on humanitarian motives but on electoral calculations. Think of the undignified bidding recently exhibited by political parties in promises for the raising of Old Age Pension rates $5.00 at a time. Think of the promises made when universal hospital insurance was instituted.

At a recent meeting in Edmonton, the President of the Canadian Hospital Association complained about how various governments had told the people they would all be covered for hospitalization. Governments in effect told the hospitals you must provide hospitalization for all who need it, but they said, "we only have so much money to give you". I am told it is more difficult for a person of low income to procure a standard ward bed now in the urban centres of Canada than ever before. We have the responsibility to demand honesty and statesmanship from our elected representatives and not promises which at first appear glittering but later lead to curtailment by restricting the amounts of money needed. Can anyone expect that the standards of care will not fall if, year after year, in our hospitals successive budgetary restrictions are imposed? Is this not the history of all government-controlled health care plans? Should my criticisms appear extreme, I would remind the reader that Sir Winston Churchill once said, "You have the responsibility never to criticize your Government when abroad—never cease to criticize it when at home."

Space will not allow an examination of the responsibilities of all in this field or a review of the responsibilities of all the providers of health services, but only those of the central figure in all health services, the qualified physician. It is he who is directly responsible for all medical care and it is he who delegates such responsibility to the nurse, the pharmacist, the therapist, the technician and the hospital. What are his responsi-

bilities? Health care is his responsibility, but it has many aspects.

Doctors' responsibilities for public education in the health field are considerable. Not only is it necessary to educate regarding health, but it is necessary to educate regarding the methods by which health care can be obtained. Doctors have demonstrated their belief in the prepayment of health care—their belief that people have the right to budget for health care voluntarily just as they budget for food, shelter and clothing voluntarily.

Too often have we heard that the public just does not understand our opposition to only one type of program and our support of experimentation with other programs. They do not understand our opposition to those programs which are all-embracing and compulsory for all, because they do not realize that the source of funds and the method of remuneration can affect the quality of care. If this is so, the profession has a duty and responsibility for public education—because a halo does not have to slip very far before it becomes a noose. Is it not possible that in every part of this country "health forums", sponsored by the medical profession with the public's help and participation, could bring some understanding to our people regarding the problems and complexities of health care? Surely this is our responsibility! "The price of justice is eternal publicity," said Arnold Bennett.

In the public health field and where government provides the means for patient care, for example, in mental disease, it is the profession's responsibility to tell the public whether or not government undertakings in these fields are, or are not, being properly carried out. It is doctors' responsibility to ask about government's sincerity in the health field when all over this country there has been a failure to clear slums, a failure to prevent water and air pollution, a failure to supervise food and meat production properly and a failure to test drugs properly because of limitations on the "Food and Drug" budget. Are these the actions of sincere humanitarians? We are responsible for the education of our patients as to preventive medicine, as to the need for having a family doctor and the importance of periodic visits to him even in the absence of disease. Too often the individual doctor neglects his educational responsibilities to his patient. Doctors have a responsibility to make sure that their communication with patients is thorough and clear. In his "Scientific and Social Aspects of Modern Medicine", Dr. Pequignot states, "A doctor will at very least have to convert himself into an educator of his patient. An arduous task—but a patient if he is to recover should not be treated like a child. Only a free and responsible man can be properly and completely cured, that is, fully restored to social life. It is, therefore, vital to preserve what can be preserved of the patient's freedom and educate him to his responsibilities." Such education leads to interdependency, both as regards definite illnesses and as regards the economics of health care. People, in assuming the maximum responsibilities of which they are capable, will overcome their unnecessary dependence, firstly, on the doctor and, secondly, on society at large.

As regards education, the medical profession also has responsibilities in the continuing education of practising doctors, not only scientifically but as regards the social and economic implications of medical care. Scientifically, there is a great deal being done, but there is a tendency to reduce this in some areas of this country by limiting the entry of doctors in the hospital. The continued education of the family physician through the medium of the hospital is more important now than in previous times when so little could be done; but now when the early detection of disease is so important, I, as a specialist, insist that the generalist must continue to be highly trained, and the centre for most continued training is the hospital. Let us mean it all over this country when we say that "within his professional competence each doctor shall have access to hospital facilities"! It is our responsibility to see that not only must there be no monopoly of hospital beds by any one group, exclusive of teachers, but there must be no monopolies of particular areas of medical practice except those established by professional competence. We know the dangers of monopolies in all fields and particularly in the health care field.

It is our responsibility to experiment with the various types of the collective supply of medical care, the team approach not necessarily with formally organized groups of doctors, but various groupings of independent practitioners.

The social and economic education of doctors is more important than ever now. There is a responsibility for every doctor to have an understanding of the broad principles in these fields. These he can only obtain by study, by participation in the affairs of his professional groups and by participation in and study of public affairs. Apathy on the part of many busy doctors towards all matters other than their daily professional lives has proved almost insoluble. Maybe the present grave threats to these professional lives will reduce such apathy. Remember the saying of Plato: "The penalty wise men pay for indifference to public affairs is to be ruled by unwise men."

Doctors all over this country have supported the profession's age-old tradition that no one need go without medical care because of inability to pay. With the present social demand that there be "no second-class citizens", we have a responsibility to see not only that prepayment is available to the self-supporting but that prepayment for comprehensive health care is available through the co-operation of organized society and the profession to all those unable to pay. These people must be looked after completely by the highest standards,

rather than having all people receive care of diminishing standards under a total compulsory system.

The most important responsibility of the profession is the guardianship of the standards of health care. Medical education is carried out by universities, but practising doctors should still be the watch-dogs of proper standards of education for entry into the profession to see that students are taught what they can use. As guardians of the standards of medical practice, no one else can assume the responsibility, and as guardians of the standards of all health care the professional responsibility is large. Society shares this responsibility but mostly delegates it to the profession and, as a result, professional self-government and the public image of such self-government and discipline must be such as not to require any interference by society. We have the responsibility to inform society about the efforts of doctors directed to the protection of standards; the accreditation of hospital standards originated by physicians and still operated by physicians is a shining example of the professions' concern with standards. Any threats to high standards of quality, either from within the profession or from outside, must be responsibly opposed. Standards may be lowered because of a shortage of health personnel, but the threat to standards is greater when there exists a sole purchaser of professional services; this naturally gives that sole purchaser complete control. It is difficult for society at large to grasp our opposition to both legal and economic control by government. The public is not aware that today the teachers, as a profession, no longer exist and that all attempts on the part of teachers to regain their professional status have failed. Their attempt to raise standards by curtailing "permit teachers" is blocked by trustees whose only concern is costs. Many examples are not lacking where professional status has been lowered in order that budgets may be attractive for taxpayers and voters. When complete control is in the government's hands, both the public and eventually members of a profession must look to administrators for the setting of professional standards rather than to the profession concerned.

Aspects of providing health care have been studied by social scientists at the University of Michigan. Their conclusions were as follows: "It is especially important to recognize that control of costs or quantity without reference to quality standards is apt to be ineffective or even harmful."

"In so far as possible, direct control upon cost, quantity or quality of care should be exercised by the providers of care. Whenever the providers of care can reasonably be expected to have the capacity to exercise direct control then other agencies should utilize only indirect control. In so far as possible, professional control is preferable to financial or legal control. Not only is professional control more palatable but it also recognizes two important facts: (1) that in the final analysis the providers of care must make the decisions and implement the programs which determine cost, quantity and quality of care, and (2) that proper application of professional control offers the greatest opportunity for the employment of professional skills in creating and enforcing standards."

It is our responsibility to make sure that any arrangements for health care, although attractive at their origin, do not lend themselves to reduction in standards as time passes. Politicians are more often concerned with costs than with standards, because budgets attract or repel votes and standards are a mystery to the average voter. Governments change, and since we have political philosophies which vary from the most conservative to the most socialistic, can we rely on any guarantee given by any party in power at any particular time? We must pay attention to Sir Winston Churchill's warning, given in another context but which can be applied here, "At first the stairs are broad and carpeted – then gradually the carpet disappears and the stairs become narrow, soon you are walking on flagstones and eventually you find the flagstones crumbling under your feet."

The public do not realize that it is their responsibility and ours to make sure that nothing detracts from the professional climate within which doctors and others in the health field work. They do not realize that it is to the advantage of everyone to keep the professional climate as attractive as possible. Why? Because regardless of the method or methods used for obtaining health care, the care that any one person receives will depend on the intelligence, the skill, the integrity and the character of the individual doctor. Is it not then evident that the best type of person must be attracted into the profession? Politicians are apparently expendable —doctors are hard to come by.

The complexity of the involved problems surrounding health care has long been apparent to those interested in this field, and the answers to most of these problems are still to be found.

Some one said that the hallmark of intelligence is the ability to ask the right questions. Our duty as responsible citizens demands that we ask many questions. In view of my remarks let me pose, in conclusion, some others. Is it necessary that, in order for high-standard health care to be available to all, we have only one plan of insuring medical care and that plan totally controlled by government? Is it possible to produce the same result by a combination of voluntary methods and community-supported plans for those who require financial help? Is it not true that governments at all levels are usually more concerned with costs than with standards? Is it possible to have complete economic control by government without a lowering of standards of care?

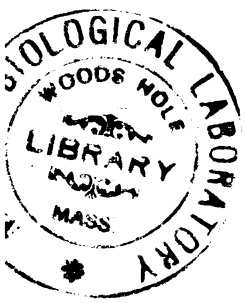
Responsible citizens in answering these questions will study the record of government in the fields of personal health care, for example, in the field of mental diseases. Is it possible that politicians, having involved their governments in medical care,

will neglect the other facets of adequate health care which are so badly in need of improvement?

What is adequate health care? Has anyone yet succeeded in defining it? Should we be suspicious of the man, the zealot, who claims that he has the single answer to all the problems of health care?

Finally, is the search for so-called security by our people, in asking society to guarantee needs which they can well afford for themselves, a manifestation of what Sullivan calls "the mental disease of this age"? Frank Stack Sullivan, the Director of the Washington School of Psychiatry, says that "the mental disease of this age is an attempt to protect a peace of mind that at best is the peace and quiet of fresh thistledown on a windy day".

280 Memorial Blvd.,
Winnipeg 1, Man.



MEN AND BOOKS

John McCrae, Poet-Pathologist

A. E. RODIN, M.D., M.Sc.(Med.), F.R.C.P.[C], *Edmonton, Alta.*

THE medical profession appears to be fascinated by any of its members who have achieved prominence in other fields of endeavour, as is evidenced by the frequent reference to such individuals in the Men and Books section of *The Canadian Medical Association Journal* and in the Doctors Afield feature of the *New England Journal of Medicine*. However, only seldom have psychological reasons been suggested for the apparent dichotomy of professional interests. A case in point is that of John McCrae, who is now generally known only as the author of the celebrated war poem "In Flanders Fields". H. E. MacDermot[1] has commented on the fact that John McCrae was both a pathologist and a poet: "Who more than the pathologist is tempted to soliloquize on death? And when he happens also to have in him the elements of a poet, who rather than he should yield to the temptation? In John McCrae there was just that combination of training with illumination of mind." In this short comment Dr. MacDermot seemed to imply that McCrae's training and experience as a pathologist directed his poetic writings to the topic of death. However, a consideration of his biography in relationship to his poetry militates against such an assessment.

John McCrae was born on November 30, 1872, in Montreal. He entered the University of Toronto in 1888 with a scholarship for general proficiency.[2] He enrolled in the Faculty of Arts, taking the honours course in natural sciences, and graduated from the Department of Biology in 1894. McCrae then entered the Faculty of Medicine, from which he graduated in 1898 with a gold medal and scholarships in physiology and pathology. On graduating he received the appointment of resident house officer at the Toronto General Hospital. In 1899 he occupied a similar post at the Johns Hopkins University. He then proceeded to McGill University as Fellow in Pathology and later to the Montreal General Hospital as a pathologist on the staff of that institution. His professional course of study was interrupted by service with the Canadian Army in the Boer War in 1900. In time he was appointed physician to the Alexandra Hospital for Infectious Diseases, Montreal, and later Assistant Physician to the Royal Victoria Hospital and Lecturer in Medicine at McGill University. He became a member of the Royal College of Physicians of London by examination. In 1914 he was elected a member of the Association of American Physicians. In the same year he again enlisted in the Canadian Army and spent the next few years at the battlefront. On January 28, 1918, he died of bilateral pneumonia with massive cerebral infection. At that time he held the rank of Lieutenant-Colonel.

McCrae's stature as a pathologist may be judged by the fact that he was the co-author with John George Adami of "A Textbook of Pathology for Students of Medicine".[3] However, according to Sir Andrew Macphail[4] he did not have the mind or the hands for the laboratory. He wrote about 33 medical papers, but "they testified to his industry rather than to invention and discovery." Evidently McCrae could not write prose as easily as verse.

"In Flanders Fields" is not the only poem written by John McCrae. Sir Andrew Macphail compiled a list of some 29 of McCrae's poems.[4] The first were published in 1894 and the last in 1917. If, as MacDermot suggests, his close relations with the dead in a professional capacity had pathologically influenced his writing, one would expect the theme of death not to have entered his poetry until the beginning of his apprenticeship in pathology in 1899. However, 15 poems were published before

From the Department of Laboratory Medicine, Misericordia Hospital, Edmonton, Alta.